

MONROE COUNTY

JOB DESCRIPTION

Position Title: ADMINISTRATOR FLOOD PLAIN MANAGEMENT **Date:** 11/29/99

Position Level: 10 **FLSA Status:** Non-Exempt **Class Code:** 10-3

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GENERAL DESCRIPTION

Primary function is responsible for plans review for FEMA flood plain regulations compliance and liaison between FEMA and Monroe County to insure proper administration of National Flood Insurance Program.

KEY RESPONSIBILITIES

1. *Plans review for approval or denial of permit.
 2. Counter help/phone assistance to public.
 3. *Advise potential real estate buyers of compliance of structures on market.
 4. *Advises homeowners and business owners of elevation levels of their property.
 5. *Makes recommendations to the BOCC in regards to variances.
 6. *Performs site visits and inspections and advises property owners if any parts of their buildings need demolition.
 7. *Preparation and administration of community rating system.
 8. Holds meetings as requested to discuss FEMA regulations with contractors, surveyors, etc.
 9. Handles FEMA monthly reports.
 10. *Acts as County liaison to State and Federal personnel.
 11. Compose correspondence.
- * Indicates an "essential" job function.

The information on this description has been designed to indicate the general nature and level of work performed by employees within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all duties, responsibilities and qualifications required of employees assigned to this job.

Position Title: ADMINISTRATOR, FLOOD PLAIN MGMT	Class Code: 10-13	Position Level: 10
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KEY JOB REQUIREMENTS	
<i>Education:</i>	Associate's Degree or Two Year College equivalent required.
<i>Experience:</i>	5 to 7 years.
<i>Impact of Actions:</i>	Makes decisions and final recommendations which routinely affect the activities of an entire department. Position duties may include responsibility for developing strategic plans for one or more divisions.
<i>Complexity:</i>	Analytic: Work is non-standardized and widely varied requiring the interpretation and application of a substantial variety of procedures, policies, and/or precedents used in combination. Frequently, the application of multiple, technical activities is employed; therefore, analytical ability and inductive thinking are required. Problem solving involves identification and analysis of diverse issues.
<i>Decision Making:</i>	Analytic: Supervision is present to establish and review broad objectives relative to basic position duties or departmental responsibilities. Independent judgment is required to study previously established, often partially relevant guidelines; plan for various interrelated activities; and coordinate such activities within a work unit or while completing a project.
<i>Communication with Others:</i>	Requires regular contact with internal and external persons of importance and influence involving considerable tact, discretion and persuasion in obtaining desired actions and/or managing relationships at a high level.
<i>Managerial Skills:</i>	Responsible for providing limited supervision for one or more functions within a department. Formally plans, assigns, directs, and coordinates the work of these functions. Typically responsible for performing some non-supervisory duties in addition to supervisory responsibilities. May perform staff evaluations and make recommendations regarding pay and/or performance.
<i>Working Conditions/ Physical Effort:</i>	Work requires only minor physical exertion and/or physical strain. Work environment involves only infrequent exposure to disagreeable elements.
<i>On Call Requirements:</i>	None.
<i>Other:</i>	Valid Fla. Dr. License. Previous experience with the County as a Planner or Planning Technician is desired.

APPROVALS	
<i>Department Head:</i>	
Name: _____	Signature: _____ Date: _____
<i>Division Director:</i>	
Name: _____	Signature: _____ Date: _____
<i>County Administrator:</i>	
Name: _____	Signature: _____ Date: _____

On this date I have received a copy of my job description relating to my employment with Monroe County.

Name: _____ Signature: _____ Date: _____

